

WISCONSIN INCIDENT TRACKING SYSTEM (WITS) WEB ACCESS REQUEST

Completion of this form is required in order to have access to the WITS system.

INSTRUCTIONS:

1. Users must first have a WAMS ID—<http://on.wisconsin.gov>—Use this URL to logon to WAMS home page and click on self-registration link to create a new account OR use the other options on this page for subsequent account maintenance.
2. Once WITS users have a WAMS ID, they must complete this form, sign the form, have their supervisors sign the form, and then fax the form to DHFS, Attn: Karl Schlenker, FAX – 608-267-3203, Telephone – 608-266-2537.

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| 1. Please check one of the following: <input type="checkbox"/> Activate User ID <input type="checkbox"/> Delete User ID <input type="checkbox"/> Change (Profile, User Name) | | Date – Effective |
| 2. User ID from WAMS | 3. Name – User (Last, First, MI) | |
| 4. Name – Agency (Please do not abbreviate) | | |
| 5. Name – Agency Supervisor | | 6. Supervisor's Telephone Number |
| 7. User's Daytime Telephone Number | 8. County Name | |

User of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, §943.70(2), and with DHFS policy (attached to new logon approvals).

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|------------------------|-------------|
| SIGNATURE – User | Date Signed |
| SIGNATURE – Supervisor | Date Signed |